

STATE OF DELAWARE DEPARTMENT OF INSURANCE SURPLUS LINES BROKER QUARTERLY PREMIUM TAX SUMMARY REPORT

Original Report	
Amended Report	

Form SL-1925-Q Formerly Form SL-1917

THIS FORM IS TO BE FILED BY, OR ON BEHALF OF, INDIVIDUAL SURPLUS LINES BROKERS ONLY. AGENCIES CANNOT TRANSACT BUSINESS AND SHOULD NOT SUBMIT THIS FORM.

		SURPLUS LINES	S (SL) BRO	KER INFORMATION A	ND MAILING ADDRESS	
Agenc Agenc	lual SL Broker Name: y Name: y Address: State – Zip + 4:				Individual Broker ID #: (DE Lic Individual Broker NPN: Agency ID #: (DE Lic. #)	
Tax Co	ontact Name: ontact E-mail:			Phone	~	ould be directed to: Fletcher
Sele	ect Report Type	e :				es Coordinator
		April 30, 2014 July 30, 2014	Q314 Q414	Due October 30, 2014 Due January 30, 2015	E-mail: Ann.	& SL Specialist .Fletcher@state.de.us
In according to De within	cordance with 18 <i>D</i> claware, and the amon n Delaware as in price to the control of the control	el. C. §1925 and §1926, ount of tax paid to Delaw or years. This is especial	if Delaware is vare must be concern the concern in	s determined to be the home stalculated on the entire premiun the case of a policy with risks home state of the insured. If C	fees, when Delaware is the state of the insured, the entire point for the policy, not just the port is in more than one state. Delaware is not the home state of	olicy premium must be reported ion that applies to risks located
	GROSS PREMIUMS AND TAX SUMMARY FOR BUSINESS WRITTEN DURING THE CALENDAR QUARTER					
RI	EPORT ONLY PR	REMIUMS ON SURPL	US LINES F	POLICIES FOR WHICH DE	ELAWARE IS THE HOME ST	TATE OF THE INSURED
SIN	GLE-STATE PO	DLICIES Enter nu	mber of single	-state policies written:		
SECT	ΓΙΟΝ 1: Premiums	Covering Risks in the	State of Delay	ware ONLY		
1a.	Amount of Premiu	ms Applicable to risks lo	cated within t	he state of DE:		
1b.	Less: Premiums r	eturned on policies repo	ted on Line 1a	a: (enter as negative	e)	
1c.	Net Amount of Pre	emiums Applicable to risk	s Delaware o	nly risks:		
MUL	TI-STATE POL	ICIES Enter n	umber of multi	i-state policies written:		
SECT	ΓΙΟΝ 2: Premiums	Covering Risks in Mult	iple States, ir	ncluding Delaware, for which	n DE is the home state of the ir	nsured
2a.	Amount of Premiu	ms Applicable to risks lo	cated in the s	tate of DE:		
2b.	Amount of Premiu	ms Applicable to risks lo	cated in other	states outside of DE::		
2c.	Less: Premiums r	eturned on policies repo	ted on Lines 2	2a & 2b: (enter as negative	e)	
2d.	Net Amount of Pre	emiums Applicable to mu	lti-state risks:			
		ALCULATION ax at the rate of 2% is d	ue on 100% o	of the policy premium, inclu	ding fees.	
3.	Net Taxable Surpl	us Lines Premiums Writt	en (add Lines	1c plus 2d)		
4.	Premium Tax Rate	e (2%)				.02
5.	TOTAL Premium	Γax Due (Line 3 x Line 4)):			
				ied into the next quarter and applied ual tax report and a refund will be iss		

THIS FORM IS NOT REQUIRED IF NO BUSINESS WAS WRITTEN DURING THE CALENDAR QUARTER.

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Individual SL Broker Name: Individual Broker ID #: (DE Lic. #)							
AFFIDAVIT All Premium Tax and Fees Reports shall be verified by the oath or affirmation of the reporting Surplus Lines Broker, duly administered by a person authorized to administer oaths.							
In the State of	County of	on this date	, before me,				
the subscriber, personally appear schedules are true, correct, and c	red the surplus lines licensee listed above, whomplete.						
Signed this date:		Sworn to and subsc	ribed before me this date.				
Printed Name of SL Broker (as listed above)	Sign Here Signature of Reporting SL Broker						
Trinca stance of 52 Droker (as insteadore)	Sign Here						
	Signature Notary Public		Notary Seal				
	GENERAL INSTRUCTIONS						

IMPORTANT: 2% premium tax is due on 100% of the policy premium, including fees, when Delaware is the home state of the insured. In accordance with 18 Del. C. §1925 and §1926, if Delaware is determined to be the home state of the insured, the entire policy premium must be reported to Delaware, and the amount of tax paid to Delaware must be calculated on the entire premium for the policy, not just the portion that applies to risks located within Delaware as was stipulated under the old surplus lines law. This is especially important in the case of a policy with risks in more than one state.

For policies written after July 21, 2011, DO NOT report premiums on this form unless Delaware is the home state of the insured. If Delaware is not the home state of the insured, premiums should be reported and taxes paid only to the state that is the home state of the insured.

Single-State Policies Enter the number of single-state policies written during the quarter

Lines 1a, 1b, and 1c: Report premiums written, minus premiums returned to policyholders, to give the net amount of taxable premiums written for which DE is the home state of the insured.

SECTION 2 Multi-State Policies

Enter the number of multi-state policies written during the quarter

NOTE: Attach a SL-1903-MS form for each multi-state policy. Lines 2a, 2b, 2c and 2d: Report premiums written, minus premiums returned to policyholders, to give the net amount of taxable premiums written for

which DE is the home state of the insured. SECTION 3 Premium Tax Calculation

Line 3 Taxable Premium: Add Line 1c plus Line 2d)

Delaware's tax rate is 2%. REMEMBER: Fees are included as taxable premium Line 4

Line 5 Total tax due: Multiply Line 3 by Line 4.

MAILING INSTRUCTIONS

Quarterly Premium Summary Reports and payments must be received on or before the due dates, to avoid administrative penalties. Send this form along with a check payable to **Delaware Insurance Department**, to this address: \rightarrow

Delaware Insurance Department Attn: SURPLUS LINES SECTION 841 Silver Lake Blvd. Dover, DE 19904-2465

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